

PRV – Request for Special Payment

Purpose:

A special payment via a debit card or Via Electronic Funds Transfer (EFT), depending on the provider's method of payment is processed when a provider requests a payment prior to the payment cycle but after claims have been adjudicated and are in a "To be paid" status. This is only allowed when either the Medicaid Director or Assistant Medicaid Director have approved such issuance.

Identification of Roles:

Associate Analyst
Department of Human Services (DHS) Fiscal Management
Department Medicaid Director
Assistant Medicaid Director
IME Revenue Collections Unit
Contract Administration Office (CAO)

Performance Standards:

N/A

Path of Business Procedure:

Step 1: Receive a call from provider requesting special payment

Step 2: Review the Medicaid Management Information System (MMIS) provider and claims file

- a. Verify the information received from the provider and determine if the amount of claims are in a "to be paid" status.
- b. Verify the name and address
 1. Go into MMIS enter 9 (Provider Subsystem) in the Application-Number field on the main menu, hit enter
 2. Key in the action code **I** and the National Provider Identifier (NPI) or Medicaid-Number, hit enter
 - a. Verify name that appears on the first screen
 - b. Hit the F3 key and F11 key to verify the Pay To Address
 - c. Hit the F10 key and print the page as it reflects the number of claims and the amount of claims in the Final Disposition (Adjudicated) that will be paid in the next payment cycle. Attach this screen print to the Request for Special Payment-Post Adjudication/Pre-Payment Form
 3. Return to the main menu and enter 5 (Claims Inquiry) in the Application-Number field on the main menu, hit enter
 - a. Tab to the field titled All Claims Files and enter an X
 - b. Tab to the recipient Identification Number (ID) field and enter the recipient number
 - c. Tab to the Provider ID/NPI field and enter the provider number
 - d. Tab to the Dates of Service field and enter the dates of service

e. Hit the Enter key

Step 3: Complete the Request for a Special Payment-Post Adjudication/Pre-Payment Form

- a. The form is found in the folder titled Manual Check Request in the PROVSRV share drive
- b. Attach all MMIS screen prints and documentation gathered relating to the special payment request

Step 4: Notify the DHS Unit Manager of the request for a special payment by providing the hard copy documentation and Special Payment-Post Adjudication/Pre- Payment Form

Step 5: DHS Unit Manager reviews the request for the special payment, verifies that it meets the required criteria for pre-payment and signs the Special Payment-Post Adjudication/Pre- Payment Form

- a. Provider identified as a vulnerable provider Consumer Directed Attendant Care (CDAC) or Nursing Home provider
- b. A claim processing error occurred at the Iowa Medicaid Enterprise (IME)
- c. The claim processing error resulted in a critical need for the provider
- d. The claim(s) in question are in a "To be paid status"

Step 6: DHS Unit Manager returns the special payment request form to the Associate Analyst

Step 7: The Associate Analyst presents the Request for Post Adjudication/Pre-Payment form) to the Medicaid Director or Assistant Medicaid Director for approval

Step 8: Medicaid Director or Assistant Medicaid Director returns the Pre-Payment form to the Associate Analyst

- a. If the Medicaid Director or Assistant Medicaid Director decide not to issue a special payment, Provider Services will notify the provider via telephone or e-mail
- b. If the decision is made to issue a special payment go to Step 9

Step 9: Send an e-mail attaching the EFT Reissue Form to DHS Fiscal Management and IME Revenue Collections requesting a special payment

- a. The e-mail provides instructions to the areas involved in the issuance of the special payment. The e-mail is addressed to Rosemary Johnson (Rjohnso3@dhs.state.ia.us) with copies to Natalie Storm (Nstorm@dhs.state.ia.us), Melody Pontious (Mpontio@dhs.state.ia.us), Ellen Yule(eyule@dhs.state.ia.us), Sherry Spring(Sspring@dhs.state.ia.us), Jeanette Wiig (Jwiig@dhs.state.ia.us), John Davis (Jdavis2@dhs.state.ia.us), Beth Sauter (Bsauter@dhs.state.ia.us), Andrea Speten (Aspeten@dhs.state.ia.us), Sean Bagniewski (Sbagnie@dhs.state.ia.us), Mary Tavegia (Mtavegi@dhs.state.ia.us), Joanne Rockey (jrockey@dhs.state.ia.us), Julie Lovelady (Jlovela@dhs.state.ia.us) and Joe B. Havig (Jhavig@dhs.state.ia.us).

1. DHS Fiscal Management is instructed to process an EFT transaction via the provider's debit card or EFT bank information found on screen three of the MMIS provider file
 - a) Complete the EFT Reissue Form and attach to the e-mail

2. Revenue Collections is instructed to set up a recoupment amount for the provider
3. CAO is instructed to prepare the Manual Disbursement (MD) and forward to Rosemary Johnson
4. Provider Services attaches the e-mail to the special payment form, and all supporting documentation regarding the special payment and hand delivers the hard copy documentation to Joanne Rockey in the CAO

Step 10: Verify that MMIS has been updated with the recoupment amount

- a. Go into MMIS and enter 9 (Provider Subsystem) in the Application-Number field on the main menu, hit enter
- b. Key in the action code I and NPI or Medicaid-Number, hit enter
- c. Hit the F3 key to verify that the amount to be recouped is shown in the RECOUP-AMT field
- d. Print the MMIS screen showing the amount in the RECOUP-AMT field and place with the payment document request

Step 11: Verify that the amount has been recouped on MMIS after the weekly payment cycle is completed

- a. Repeat Step 10, however, the RECOUP-AMT field should not reflect an amount
- b. Hit the F10 key to verify that no check was issued or that the amount issued is less than the recouped amount
- c. Print the MMIS screen showing that the RECOUP-AMT field is blank and place with the payment request documents

Forms/Reports:

Request for Special Payment-Post Adjudication/Pre-Payment Form
Manual Disbursement (MD) EFT Reissue Form

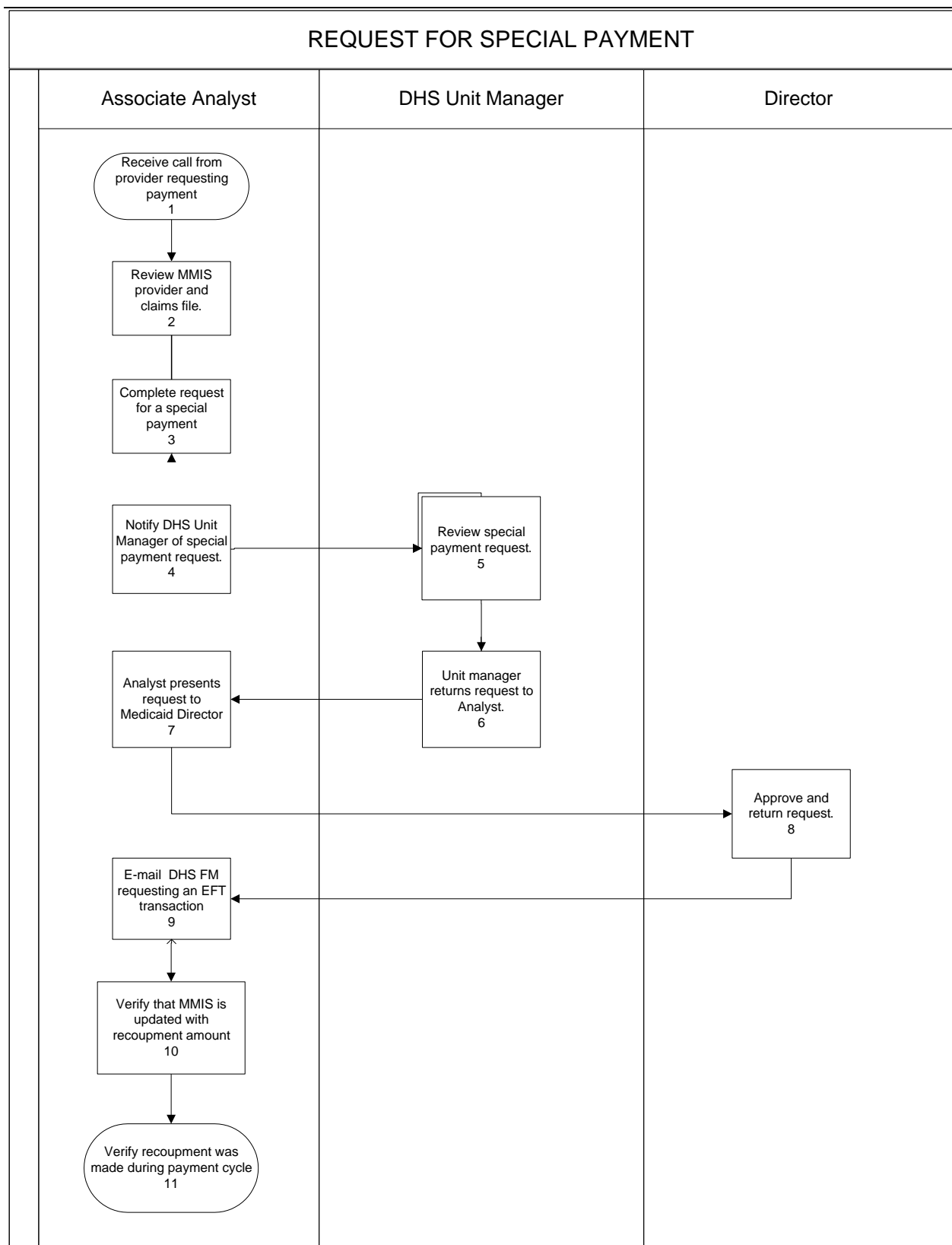
RFP References:

N/A

Interfaces:

DHS Fiscal Management
Department Medicaid Director
Assistant Medicaid Director
IME Revenue Collections Unit

Attachments:



Request for Special Payment-Post Adjudication/Pre-Payment Form

Medicaid Provider Name and ID Number _____

Requester Name _____

Date _____

Criteria Required for Request	Criteria Met (Y/N)
Provider Identified as a Vulnerable Provider (CDAC or Nursing Home Provider)	
A Claim Processing Error Occurred at the IME	
The Claim Processing Error Resulted in a Critical Need for the Provider	
The Claim(s) in Question are in a “To Be Paid Status”	
Amount of Request	

Date Claim Submitted to the IME _____

Reason Claim did not Process Correctly _____

Provider Services Unit Manager Approval/Denial _____

Medicaid Director Approval/Denial _____

EFT REISSUE FORM

Provider Name:

NPI Number:

Amount of Special Payment:

Date of Original EFT Reject: N/A

New Bank Routing #:

New Bank Account #:

Checking or Savings?